



207.1300US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Examiner: TRAVERS, Russell S.

Art Unit: 1617

In re: Application of: Mark CHASIN, *et al.*

Serial No.: 10/057,301

Filed: January 25, 2002

For: **LOCAL ANESTHETIC, AND  
METHOD OF USE**

**RESPONSE TO RESTRICTION REQUIREMENT**

Mail Stop: Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

January 19, 2004

**I. INTRODUCTORY COMMENTS**

In response to the Restriction Requirement dated December 18, 2003, Applicants respectfully submit the following Response for consideration by the Examiner.

**Amendments to the claims** are reflected in the listing of claims which begins on page 2.

**Remarks and Arguments** begin on page 22.

ASSISTANT COMMISSIONER FOR PATENTS  
Washington, DC 20231

In re application of: Mark CHASIN, et al.  
Serial No.: 10/057,031-301  
Filed: January 25, 2002  
For: LOCAL ANESTHETIC AND METHOD OF USE



Docket No.: 207.1300US  
Date: January 19, 2004

S I r:

Transmitted herewith is a **Response to Restriction Requirement** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.  
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.  
☒ No fee for additional claims is required.  
☐ A filing fee for additional claims calculated as shown below, is required:

	(Col. 1)	(Col. 2)		SMALL ENTITY			LARGE ENTITY	
FOR:	REMAINING	HIGHEST		RATE	FEE	OR	RATE	FEE
	AFTER	PREVIOUSLY	PRESENT					
	AMENDMENT	PAID FOR	EXTRA					
TOTAL CLAIMS	71 Minus 93	=	0	x \$	9		x \$	18
INDEP. CLAIMS	5 Minus 12	=	0	x \$	42		x \$	84
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$140		+	\$280

TOTAL: \$ OR TOTAL: \$

- \* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Also transmitted herewith are:  
☐ Petition for extension under 37 C.F.R. 1.136 (in duplicate)  
☐ Other:
- ☐ Check(s) in the amount of \$**.00** is/are attached to cover:  
☐ Filing fee for additional claims under 37 C.F.R. 1.16  
☐ Petition fee for extension under 37 C.F.R. 1.136  
☐ Other:
- ☒ The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450 Alexandria VA 22313," on January 19, 2004.

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY:   
Richard V. Zanzalari